



## Town of Dumfries Teen Leadership Academy Program

2011-2012 Registration Form

### Contact Information

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Counselor's Email: \_\_\_\_\_

\*The program runs on Tuesdays and Thursdays from 2:30-3:30pm, with rotating volunteer hours with the Afterschool Program between 3:45 and 5:30pm.

How will your child get to the Community Center? \_\_\_\_\_

How will your child get home from the Community Center: \_\_\_\_\_

### Behavior Code

I, \_\_\_\_\_, promise to be respectful of the Interim Community Services Director, volunteers, and any other authority figure involved in administering the Teen Leadership Academy.

I, \_\_\_\_\_, parent of \_\_\_\_\_ promise to work with the Town of Dumfries as a partner in my child's education and will cooperate with all involved to help my child reach their highest level of potential, in the Teen Leadership Academy.

Tell us about your son/daughter (hobbies, strengths, favorite subjects, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I give permission for my child to participate in the Town of Dumfries' After School Program. I will not hold the Town of Dumfries liable for any injuries acquired while on Town premises. I also give the Town of Dumfries to use my child's likeness in photos to promote the Teen Leadership Academy in any future advertising.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_